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Valvular Heart Disease

WHAT ARE THE CURRENT PRACTICES IN ANTITHROMBOTIC THERAPY AFTER BIOPROSTHETIC AORTIC VALVE REPLACEMENT: A MULTICENTER PATIENT-BASED STUDY

Poster Contributions
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Background: Antithrombotic therapy after bioprosthetic aortic valve replacement (AVR) is a debated issue. AVR is frequent given the high prevalence of aortic stenosis. The absence of consensus highlights the need for an evaluation of clinical practices.

Methods: Antithrombotic therapy after bioprosthetic AVR was prospectively studied in 434 patients between January and April 2011 in 14 centres. Patients previously treated with vitamin K antagonists (VKA) were excluded. Mean age was 75±9 years, 58% were male and 33% had coronary artery disease. Surgery was performed for aortic stenosis in 87% of cases and was combined with coronary artery bypass grafting (CABG) in 23% of cases.

Results: In-hospital antithrombotic treatment was : aspirin alone in 65% of cases; VKA alone in 9%; VKA+ aspirin in 19%; and neither VKA nor aspirin in 7%. Factors that impacted the prescription of VKA were: coronary disease ($p<0.001$), associated CABG ($p<0.007$) and post-operative supraventricular arrhythmias ($p<0.007$). The strongest factor was the centre effect ($p<0.0001$) (Figure 1). There was no relationship between the prescription of VKA and in-hospital thromboembolic complications ($p<0.21$) or bleeding ($p<0.31$).

Conclusions: This multicentre prospective study shows that VKA are prescribed in only 28% of patients after bioprosthetic AVR, despite recommendations in Europe. VKA prescription seems to be mainly related to the centre effect. Homogenization of clinical practices is therefore needed.